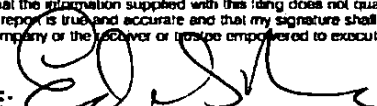


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2007 8:00 am
Secretary of State

04-26-2007 90040 050 ****50.00

DOCUMENT # L05000103453			
1. Entity Name CENTRUM PLACE, LLC			
Principal Place of Business 4340 SHERIDAN STREET HOLLYWOOD, FL 33021		Mailing Address 4340 SHERIDAN STREET HOLLYWOOD, FL 33021	
2. Principal Place of Business - No P.O. Box # 13155 SW 42 ST #200		3. Mailing Address 13155 SW 42 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 200	
City & State Miami FL		City & State Miami FL	
Zip FL 33175		Zip 33175	
Country USA		Country USA	
4. FEI Number APPLIED FOR		20-3988008 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent KLEIN, RONALD G 4340 SHERIDAN STREET HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signatures, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when submitting) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KLEIN, RONALD G 4340 SHERIDAN STREET, SUITE 102 HOLLYWOOD, FL 33021 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SAN ROMAN, EDUARDO 13155 SW 42ND STREET MIAMI, FL 33175 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RODRIGUEZ, MIGUEL 12861 SOUTHWEST 74TH STREET MIAMI, FL 33183 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the owner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		4-24-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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